

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 21, 2001 8:00 am**  
**Secretary of State**

0106445 AT

DOCUMENT # **F96000006744**

1. Entity Name  
**AMERICAN WATER HEATER COMPANY**

09-21-2001 90001 002 \*\*\*750.00

Principal Place of Business  
**500 PRINCETON ROAD**  
**JOHNSON CITY TN 37601**

Mailing Address  
**100 GALLERIA PKWY**  
**STE 900**  
**ATLANTA GA 30339**  
**US**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **34-0299600**  
 Applied For   
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS  Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>TRUDEAU, ROBERT W</b> <b>500 PRINCETON ROAD</b> <b>JOHNSON CITY TN</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>VTD</b> <b>CARBONE, ANTHONY R</b> <b>500 PRINCETON ROAD</b> <b>JOHNSON CITY TN</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>SV</b> <b>HACKNEY, EDWARD T</b> <b>100 GALLERIA PKWY, STE 900</b> <b>ATLANTA GA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>CD</b> <b>HALL, GRAHAM H</b> <b>13 RACHAEL CLOSE</b> <b>SILVERWATER AUSTRALIA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>AS</b> <b>MAW, BERNICE</b> <b>100 GALLERIA PKWY, SUITE 900</b> <b>ATLANTA GA 33039</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>D</b> <b>HURCOMBE, PETER D</b> <b>100 GALLERIA PKWY, SUITE 900</b> <b>ATLANTA GA</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change  Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VTD</b> <b>Sheila Blanken ship</b> <b>500 Princeton Rd</b> <b>Johnson City, TN 37601</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SV</b> <b>Scott E. Phillips</b> <b>100 Galleria Pkwy</b> <b>Atlanta, GA 30339</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>CD</b> <b>Robert Aitken</b> <b>1 Alan St.</b> <b>Rydalmere, NSW 2116 AU</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Asst Secy</b> <b>Charles Vaughn</b> <b>100 Galleria Pkwy</b> <b>Atlanta, GA 30339</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>Joseph Andreski</b> <b>100 Galleria Pkwy</b> <b>Atlanta, GA 30339</b>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles Vaughn Asst Secy Date: 9/14/01 Daytime Phone #: (770) 857-8713

CR2E034 (5/01)